								Application or Docket Number 10/783/16				
PATENT APPLICATION FEE DETERMINATION RECO									64	31	16	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER	
TOTAL CLAIMS			37				1	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BAŞIÇ F	EE 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			37 minus 20=		• 17			XS 9=	153	OR	X\$16=	•
INDEPENDENT CLAIMS .			ب minus 3 =		• \	•		X43=	43	OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESENT								-145=		OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	- 5×1	OR	TOTAL	
10-6-06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL	
	(Column 1) (Column 2) (Column 3) (Column 3)								ADDI-	1		ADDI-
AMENDMENT A	•	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	. 7	Minus	- 3		e		XS 9=		OR	XS18=	
	Independent	. 2	Minus	***	4	=		X43=		OR	X86≈	
١	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
	·							=CP1+		OR	TOTAL	
							A	ODIT. FE	_	OR	ADDIT. FEE	
		(Column 1)	T	(Colun		(Column 3)	-		T A O DI	· 1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	***		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=		OR	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTA		OFI	TOTAL ADDIT: FEE	٠.
(Column 1) (Column 2) (Column 3)									E		,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		= .	上	X\$ 9=	1	OR	X\$18=	y Ann bea
	Independent	•	Minus	***		•	+	X43=	 		X86=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	·	OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For". IN THIS SPACE is less than 3, enter "3."										OR	. TOTAL ADDIT, FEE	
		iber Previously Paid					toun	d in the a	poropriate box	rin cok	umn 1.	